

CHICOPEE FIRE DEPARTMENT

PLAN REVIEW INFORMATION FORM

All applicable information must be completed by the responsible party prior to plan review. Incomplete or illegible plans or information forms will not be reviewed. Use black pen only when providing information on this form.

Property Information:

Property Name / Address / Location:

Project type: (X)

New construction: _____ Addition: _____ Renovation: _____ Rehab: _____
Remodel: _____ Other: _____

Structure:

Current use: _____
Proposed use: _____
Number of stories: _____ Basement? _____ Attic? _____ Attached garage? _____
Heating system type / fuel: _____
How is the above vented? Direct vent _____ Chimney _____ Other _____
Hot water system type / fuel: _____
How is the above vented? Direct vent _____ Chimney _____ Other _____
List all fossil fuel fired devices and venting. _____

Print / plan details noted (Yes / No)

Three full sets of plans _____
Carbon monoxide detectors _____ Smoke detectors _____
Finished portions of basements / attics noted _____
Heating system location _____ Overall dimensions _____

Contact person:

Name: _____ Phone: _____
Title /Company: _____

Owner:

Name: _____ Phone: _____
Address: _____

OFFICE USE ONLY:

Date sent to building department: _____ Initials: _____